



CHILD PROTECTION SERVICES CASE REVIEW

ND DEPARTMENT OF HUMAN SERVICES

CHILDREN AND FAMILY SERVICES

SFN 496 (Rev. 08-2005)

SECTION I: DEMOGRAPHIC INFORMATION

| | |
|---|-----------------|
| 1. County: | 2. Case Number: |
| 3. File Name: | |
| 4. Social Worker: | |
| 4a. Certification completed within timeframe? | Yes No |
| 4b. If no, enrollment planned? Yes No | Date: |

SECTION II: ASSESSMENT INFORMATION

| | |
|--|------------------------------------|
| 5. Date of Report: | 6. Date report received by county: |
| 7. Case Category (Check): A B C Unkown | |
| 7a. Was assessment initiated within timeframe for category? | Yes No |
| 7b. If no, number of days to initiation. | |
| 8. Was report received by HSC within 5 days? | Yes No |
| 9. Was there an agency records check? | Yes No |
| 10. If Category A, was law enforcement contacted? | Yes No |
| 11. Date of contact with victim: | 12. Date of contact with parent: |
| 13. Date of contact with subject: | 14. Caregiver role of subject: |
| 15. If subject was not interviewed, was an explanation provided? | Yes No |
| 15a. Is explanation adequate? | Yes No |
| 16. Appropriate collaterals contacted? | Yes No |
| 17. Was a home visit made? | Yes No |
| 17a. If no, was reason documented? | Yes No |
| 17b. If no, was reason adequate? | Yes No |
| 18. COMMENTS: | |

SECTION III: ASSESSMENT DECISION INFORMATION

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| 19. Safety, Strengths, Risk Assessment (SSRA) form completed? | Yes No |
| 19a. If SSRA was completed, were comments adequate? | Yes No |
| 19b. If SSRA was not completed, was reason adequate? | Yes No |
| 20. Documentation case was staffed: | CPS Team Internally No Documentation |
| 21. Assessment decision made? | Yes No |
| 22. Parents notified of decision? | Yes No |
| 23. Subject notified of decision? Yes No | Date(s): |
| 24. Subject given appeal rights? | Yes No |
| 25. Notification was made: | In Person By Telephone By Letter Other |
| 26. Form 961 and assessment report sent to HSC within 62 days of initial report? | Yes No |
| 26a. If not, was a written extension requested | Yes No |
| 26b. If an extension was requested, what was the reason given? | |
| 26c. If overdue and no extension requested, why? | |
| 27. Mandated reporter notified? | Yes No NA (Reporter not mandated) |

27. Comments on Assessment:

SECTION IV. SERVICE INFORMATION (where the answers are "no", please comment in the "comments" section)

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|---|-------------------|----------------------|
| 28. Decision on this case? | Services Required | No Services Required |
| 29. If "Services Required", documentation of a request for Juvenile Court action? | Yes | No |
| 30. If "Services Required", documentation of referral to Case Manager for wrap around services? | Yes | No |
| 31. Is there a service plan? | Yes | No |
| 32. Does Service Plan address what behavior needs to change? | Yes | No |
| 33. Does Service Plan establish appropriate goals? | Yes | No |
| 34. Does Service Plan contain useful tasks related to the goals? | Yes | No |
| 35. Were family members involved in service planning? | Yes | No |
| 36. Does Service Plan contain specific time frames? | Yes | No |
| 37. Did the Social Worker maintain regular contact with family? | Yes | No |
| 38. Did the Social Worker manage the service plan appropriately? | Yes | No |
| 39. Case closure based on reduced risk to child(ren)? | Yes | No |
| 40. Comments on Service Plan: | | |

SECTION V. OVERALL IMPRESSION OF WORK ON CASE AND RECOMMENDATIONS

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| 41. General Comments: | |
| <p>Reviewer's Signature:</p> | |
| <p>Date:</p> | |